**Referral for TFC Services**

**(Therapeutic Foster Care)**

**Send the completed request form to TFC Provider Agencies (refer to HCA website for Therapeutic Foster Care agencies), attention Children’s Services with the attached form.**

***Please follow your agency guidelines for transmittal of Protected Health Information.***

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Referring Clinic:

Referring Staff:

Phone #:

Email:

Date TFC Services Needed:

Name of Youth:

AHCCCS #:

DOB:

M / F

BHH Diagnosis:

Current placement:

Physical disabilities, educational or special needs:

List this youth’s three most significant strengths:

1.

2.

3.

Significant behaviors:

* Cruelty to animals
* Violent behaviors
* Runaway
* Sexual acting out
* Suicidal ideation

Comments:

Desired Location of TFCC Home/Communities with whom the child has ties:

Permanency plan for this youth after leaving this behavioral health service:

* Return to Bio- family
* Adoption
* Guardianship
* ILS/development of permanent connections
* Kinship placement
* Other, please explain

Identify all other “systems” involved with this youth:

Anticipated length of time in TFC services:

**Please provide the following documents**

**Referral Component Checklist:**

* **Current Behavioral Health Assessment**
* **Behavioral Health Service Plan**
* **CALOCUS/CASII**
* **Last three CFT notes**
* **Crisis Plan**
* **SNCD**
* **Psychiatric Progress Notes**
* **Current Medication List**
* **ROI for Licensing Agency**